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Ibogaine: Therapeutic Miracle?

by Donald J. Allan

Recent interest in the drug, ibogaine, has focused on its potential to interrupt substance addictions (Blakeslee, 1993; Brown, 1994; Cappendijk and Dzoljic, 1993; Cauchon, 1994; Hudson Valley Business Journal, 1996; Jetter, 1994; Lotsof, 1995; Mestel and Concar, 1995; Nadis, 1993; Regan, 1992; Schechter and Gordon, 1993; Sheppard, 1993; Sisko, 1992, 1993a, 1993b). Ibogaine is less well known as a means to facilitate psychotherapy (Diamond, 1993, 1994; Goutarel et al., 1993; Naranjo, 1973; Taub, 1995). With four US patents applied for to interrupt substance addictions to heroin, cocaine, alcohol, and nicotine (Goutarel et al., 1993; Lotsof, 1995), ibogaine appears to be on the brink of massive infusions of investment by venture capitalists and innovative entrepreneurs.

However, the politics of ibogaine are complicated. Ibogaine is illegal in only two countries, the United States and Belgium. FDA studies to evaluate the suitability of ibogaine as a means to interrupt addiction have been ongoing in the United States since 1993 (Alcoholism and Drug Abuse Weekly, 1995; Berkely, 1995; Blakeslee, 1993; Diamond, 1993, 1994; Jetter, 1994; Lotsof, 1995; AMPS Newsletter, 1994; Sisko, 1993a, 1993b; Sheppard, 1993). The corporate pharmaceutical giants have kept watch from a distance. Molecules found in nature cannot be patented. The ibogaine molecule is extracted from a natural source, the iboga plant, which grows wild in west central Africa. No drug company has discovered a way to redesign the natural molecule with patentable improvements (Hudson Valley Business Journal, 1996). Despite what appears to be a huge market for a drug that could interrupt drug addiction, ibogaine does not fit the profile of a prescription drug that can make money for a pharmaceutical manufacturer. Most prescription drugs are administered daily over a period of weeks, months, or years. Ibogaine is generally used once in a single dose, and then followed up with several months of psychotherapy.

Ibogaine also does not fall easily into standard categories used for classifying the effects of psychotropic drugs (Blakeslee, 1993; Goutarel et al., 1993; Strassman, 1995). It is not a recreational drug, and its action is quite different from and more complicated than most hallucinogens. It does not facilitate social interaction and usually includes a period of several hours during which the person cannot or chooses not to engage in dialogue. Its physiological effects usually last from twenty-four to thirty-six hours, with nausea as a common side effect.

Clearly, much more research will need to be done on ibogaine to assess its possible benefits and hazards. Readers who want more background on ibogaine are advised to examine the existing literature available concerning its history (Berkery, 1995; Cauchon, 1994; Goutarel et al., 1993; Lotsof, 1995); its ethno-botany (Goutarel et al., 1993; Lewis and Elvin-Lewis, 1977; Schultes and Hofmann, 1980); or its chemical identity, synthesis, and toxicity (Buchi et al., 1966; Dhahir, 1971- Goutarel et al., 1993; Schultes and Hofmann, 1980; Strassman, 1995). It has received

growing attention in the mainstream press (Blakeslee, 1993; Cauchon, 1994; Cowley, 1993; Diamond, 1994; Hudson Valley Business Journal, 1996-1 Jetter, 1994; Mestel and Concar, 1995; Nadis, 1993) and in the alternative press (Lotsof, 1995; MAPS Newsletter, 1994; Scher, 1994; Sisko, 1992, 1993a, 1993b; Taub, 1995).

The larger issue of the role of hallucinogenic drugs in psychotherapy and psychiatric research has been addressed with increasing frequency in the medical and scientific literature (Pletscher and Ladewig, 1994; Riedlinger and Riedlinger, 1994; Sheppard, 1993; Strassman, 1991, 1995). Strassman (1991, 1995) and Pletscher and Ladewig (1994) provide fascinating overviews of research on psychedelics that might be of interest to psychotherapists.

A Therapeutic Miracle?

To find out more about ibogaine's possible use to facilitate psychotherapy, I spoke with Eric Taub who has written about ibogaine's potential to facilitate regression. Taub is an entrepreneur who plans to develop an ibogaine clinic outside the US. He referred me to several individuals who have experienced ibogaine sessions in offshore locations. Although accurate statistics have not been gathered on the drug's potential to facilitate regressive psychotherapy, the four individuals I interviewed reported varying degrees of success with regression.

One found it to be not helpful in facilitating regression; a second found it somewhat useful therapeutically but not specifically helpful with regression; a third found it marginally successful; and the fourth reported spectacular success.

Although I would not personally recommend ibogaine for psychotherapy based on my interviews and my review of the literature, I have included below the transcript of my interview with the person who experienced the most positive results. She is an associate of Taub's, Sarah Emanon¹, a psychotherapist who spoke with me about her own experiences with ibogaine - both as a facilitator and as an experiencer- and her plans to direct an ibogaine clinic in Central America. If every person were able to achieve results like those described in her fascinating account, ibogaine might indeed merit being called a "therapeutic miracle."

The Interview

Don Allan: What could be accomplished in an ibogaine clinic outside the US?

Sarah Enanon: Maybe I should begin talking about what I would do as director of an ibogaine clinic. There would be three different types of work happening there: addiction interruption, therapeutic [meaning psychotherapeutic], and initiatory or spiritual. But regardless of which type we are doing, we are always doing all three at the same time, just different angles and aspects of it.

DA: How long does an ibogaine session last?

SE: The person is under the influence of the ibogaine for twenty-four to thirty-six hours, and it is during this time that they are feeling the physical effects of the drug.

DA: How does ibogaine interrupt addictions?

SE: In order to interrupt the addiction, ibogaine does a number of things: First, it interrupts the addiction by filling up the receptors in the brain so that the person doesn't crave the substance anymore, and it does this without withdrawal symptoms. The person does withdraw, but doesn't have to suffer.

DA: So this is a physiological process?

SE: Yes, but that does not mean the person is psychologically withdrawn from the substance. It means that physically the person will not crave the substance for a certain length of time, and there is usually some kind of "window," which varies with each person. We are finding that there is generally a ten-day window during which the person not only does not crave the drug but they feel great.

Then there is a three-month window during which the person still does not crave the drug, but this period of time may vary between one month and six months depending on the individual. But once that window is up, then all the psychological factors that originally caused the addiction will come back . . . if no other work is done. So that's why the person needs to add in the therapeutic element as part of the ibogaine experience.

DA: How is this done?

SE: This is done in a number of different ways. When we are doing the higher level of ibogaine dosage necessary for addiction interruption, the person cannot speak while the dosage is at its peak - a period which may last from two to six hours or so - and therefore cannot relate to the therapist to work on processing psychological material. This means that the therapeutic part of the ibogaine session occurs before and after the peak of the session.

DA: But is this peak period necessary if the person is not able to relate to the therapist during this time?

SE: Yes, because it is during this time that the person is physiologically withdrawn from the addictive substance.

DA: Is the ibogaine one-hundred percent effective in interrupting substance addiction physiologically?

SE: It is close to one-hundred percent effective, but I have heard of a few cases where the ibogaine was not successful in interrupting the substance addiction. But in a majority of those few cases, a second dose, i.e., a booster, was effective. That happened especially with methadone addictions.

DA: What is the usual time interval between the initial and booster sessions, in those cases where a second session is needed?

SE: It could be as soon as a few days later. If the medical doctor determines right there in the clinic that the addiction has not been interrupted, and if the client agrees, a second dose could be provided.

DA: Getting back to the therapeutic aspects of addiction interruption, what does the therapy

consist of before and after the twenty-four to thirty-six hours during which they are feeling the physical effects of the ibogaine?

SE: We take medical and psychological history including biographical information about childhood, but by far the most important part of the preliminary therapy before they take the ibogaine is to get them to recognize the importance of ongoing psychotherapy after they do their ibogaine session. One of the conditions of admission to ibogaine therapy is that the client has made arrangements for continuing psychotherapy after leaving the clinic. We require a letter from their therapist back home indicating that an appointment has already been set and that the therapist is familiar with what the client is doing and what they need to work on.

DA: What does the therapy consist of after the twenty-four to thirty-six hours of ibogaine?

SE: The effects of the ibogaine last much longer than the initial twenty-four to thirty-six hours. There is a ten-day window during which the resistance of defenses is softened. During this time there is a great deal of access to one's psychological process. We use the three days after the ibogaine session to do some intensive psychotherapy at the clinic, both individual and group work.

Generally, clients will spend the first forty-eight hours in the clinic doing an intake interview and a preliminary session, and then the ibogaine session itself. After the first forty-eight hours, they will move to a guest house for the next three days while they continue intensive individual and group psychotherapy.

DA: You mentioned earlier that there are three types of ibogaine session work: addiction interruption, therapeutic, and spiritual. Are these three different types of sessions? Or are you referring to three different kinds of work that can be done within a session?

SE: The three types of sessions correspond to three different dosage levels and, also, to three different intentions one might have in going into an ibogaine session. But there is usually some overlap. For example, a person going into an addiction-interruption session will certainly have the primary intent to interrupt the addiction. Additionally, they might have the intent to find out why they began to crave the substance they are addicted to, that is, where did the problem begin?

DA: Do you recommend to them that they try to find out how their addiction got started?

SE: Yes. Often the pretherapy session helps them to set up this intent.

DA: Do you Allow them to participate in ibogaine therapy if they don't have the intent to figure out how the addiction got started?

SE: Yes, the ibogaine will work to interrupt the physical addiction regardless of whether they intend to figure out how it all got started. My own approach is historical, and I like my long-term clients to begin thinking about how the addiction got started before they have the ibogaine session. But there are many different psychotherapeutic approaches to addiction, and not all of them require starting with the intent to figure out how the addiction got started. Some clients will choose to work with cognitive or behavioral therapists after their ibogaine session.

DA: Is it also possible for a client whose primary intent is to interrupt addiction to go into the same ibogaine session with a spiritual intent?

SE: Yes, in fact a client who interrupts an addiction can use the same session to help facilitate psychological work and, also, as a spiritual initiation if that is their intent.

DA: What does it mean to have an initiatory, or spiritual intent?

SE: They might want to open up spiritual centers, whatever that might mean for them as an individual. They might want to use the ibogaine session to feel more connected-to whatever they feel is their spiritual connection. So they could have a spiritual intent as well, and this is how the addiction-interruption session could have aspects of all three types of sessions,

DA: How about people who are not addicted to a substance, but who come into an ibogaine session with a therapeutic intent?

SE: In one sense, those who come into the ibogaine session with therapeutic intent can also break an addiction, but their addiction is to a dysfunctional behavioral pattern rather than addiction to a substance.

DA: Are you saying that every person who comes into a therapeutic ibogaine session is addicted to certain patterns of behavior and that the behavior patterns can be interrupted just like a substance addiction ?

SE: Yes, but there is an important difference. An ibogaine session will work to interrupt a substance addiction without any type of psychological or emotional processing. But behavioral, or psychological, or emotional addiction will not be interrupted without psychological or emotional processing. And having the right insight and intent are also part of that process.

DA: Are there other differences between a therapeutic and an addiction-interruption session?

SE: In a therapeutic session the dosage of ibogaine is low enough that the client has the option to continue psychological processing by speaking and relating to the therapist throughout all or almost all of the twenty-four to thirty-six hour intensive part of the session. This means that the client need not be overwhelmed by the physiological effects of the drug.

DA: Could you describe more about the therapeutic process in an ibogaine session?

SE: In a therapeutic session, the client begins the therapy before ingesting the drug by discussing what dynamic she wants to change, what patterns she finds uncomfortable in her life, and to the best of her ability, talking about where the pattern comes from to the extent she is capable of figuring this out at a conscious level. She begins talking about what happened in her childhood, what the dynamics were with mother, father, siblings, and anything else that might have been factor - school, religion, friends, and so on. It helps to clarify one's intent before taking the ibogaine. In this way it is often possible to home in on where the patterns came from before taking the drug.

DA: What happens once the client takes the ibogaine?

SE: After the ibogaine is ingested, the "walls" and the defenses begin getting softer and looser, and I keep probing with questions to help the client go back in time to where the pattern originated. I try to take them back as far as we can get or as far back as necessary. Some people go back to experiences at four or five, or ten or twelve, and some go back to crib or infancy experiences, or experience around the time of birth. I have not worked with anyone on prebirth experiences, though I believe ibogaine would help to facilitate these memories based on what I have seen of primal and pre- or perinatal processes.

DA: Can you be more specific about how you take them back and what happens in the session?

SE: Yes. Once the ibogaine is ingested, I might say "Tell me more about the fears you have now." And they begin talking about their fears. And I ask them to take it back in time: "When was the first time you remember having that fear?" They might go back to an early experience; and when it comes fairly clearly, it's very visceral. They are really there in the experience. It's almost like they have been in a hypnotic trance and have regressed to the early experience. And then they usually come back to the present.

It's like a bouncing back and forth. For example, they might say "Oh here I am back at ten years old, and, aha! ... here I am now with my husband or wife now or in my situation at work, and that's going on now, and here I am back at five, and it was going on then, too.

DA: Is this type of bouncing back and forth between the past and present characteristic of an ibogaine session?

SE: Yes, it seems that this is often what happens to people during their sessions even when this is not a part of their intent in going into the session. It just happens to them spontaneously. It has never been a part of my style as a therapist to bounce them back and forth so much during a session, but this is what happens, and it works. Now I can see how it works, and it is teaching me how to get people to undo their patterns.

DA: Are you saying that the ibogaine is teaching you to be a better therapist? And that it has implications for how to conduct sessions on other occasions without the ibogaine?

SE: Yes, exactly. For example, one man I was working with kept going back to being a little boy who was terrified. In his regression his dad is very big and angry and loud and keeps slamming things around. He then comes into the present and sees his terror in relationships now, and how he doesn't open up, and that he is frightened. He goes back into the past, and again he is terrified.

Well, as he keeps going back and forth, slowly that little boy is not so scared. That father doesn't have so much power anymore. And also what happened-and this is typical of ibogaine sessions - is that he started to go inside of his father. "Oh, he's scared, too. He doesn't know how to deal with me, or what's going on here. Now I can see . . . it's because of pressure in his life over here." And so the father begins to lose his power over the little boy, and the fear no longer has such a strong influence. And now the situation begins to change in the present, too, and the person begins to be able to act without fear.

DA: Does the change in behavior last? Does the person remember what has been learned and

continue to apply it'?

SE: Well, it seems to last somewhere else other than just in the person's conscious memory. I say this because what seems to happen is that the person can remember what happened during the session, but as a practical matter he goes on with his life, and he's not thinking about what happened in his session. Three months later he might find himself saying, "Gee, I just had an experience that I would ordinarily have found very upsetting. But I just sailed right through it without any problem. How did I do it? Oh, I remember. Three months ago when I took the ibogaine, I worked through this, and now I'm not reacting the same way anymore."

Somehow the ibogaine seems to effect some kind of basic change that does not depend on conscious insight and memory of what is learned during the session.

DA: Are you suggesting some sort of physiological mechanism which changes the behavior pattern?

SE: My hunch is that while we are working with psychological process, there is a physiological, chemical change going on. For example, when working with hypnosis, and a person is in a trance, there is the possibility of reaching the memory on the cellular level, or the level of chemical imprinting. In an ibogaine experience, the body is physiologically and chemically open so that when the memory comes and it is reexperienced viscerally, the chemical correlates of the insight are also experienced physiologically. Perhaps the body chemistry is reset somehow in a way that prevents the repetition of the patterned behavior.

DA: What about the third type of ibogaine session, which you called spiritual or initiatory? Do people come into a session intending to have a spiritual experience, or do spiritual experiences just happen without necessarily intending to have them?

SE: Both can happen. Often people who come in for a therapeutic session will have a spiritual component to their session. I have some ideas about why ibogaine often facilitates spiritual experiences. I began thinking about what is happening in a situation where a person sets out on a spiritual vision quest with the use of mescaline, for example, or even without the use of a drug. If the person is fasting out in the woods for seven days and is in a physically dangerous situation, it's really a matter of breaking down resistances and overwhelming the system in some way so that the old way of doing things cannot happen any more.

So the person is, of necessity, open to some other process. And if the person is open spiritually, it is an openness to some other force helping him or her to get through the experience.

DA: Are you saying the ibogaine overwhelms the system in some way?

SE: The ibogaine does two things. First, it gives the person some spiritual, visionary experiences. But beyond this, the ibogaine overwhelms the system psychologically or emotionally, or with hallucinations, and the person cannot function or process what is happening in the old way. This is where the spiritually enlightening experience occurs. And especially if the intent is to be open to spiritual experience, the person will be open to another force helping them get through this.

DA: Will you be accepting people at the clinic whose intent is specifically spiritual rather than

therapeutic?

SE: Yes, we will.

DA: Is a different dosage used for spiritual sessions?

SE: It doesn't need to be a different dosage, but it sometimes is a little bit more than the therapeutic-session dose. But it is not as much as the dosage used for addiction interruption. We want to overwhelm the system, even if it is just for a short period of time. In a therapeutic session sometimes we are still in control when we are saying to ourselves, "Oh, yes, I remember when I was three years old. . . ." In a spiritual session, the person needs to be beyond the point where they are totally in control of what they are experiencing. With a slightly higher dose, they can be swept away, or float off, or be scooped up into an experience briefly where the initiatory experience takes place.

DA: Do you guide your clients with questions and directive therapy during the session?

SE: Yes I do. But in the case of addiction-interruption sessions, there is a period of time for at least a couple of hours when they want to be alone with their memories and their internal process. During this time they don't want to stand or sit, they want to lie down- and they are really not capable of carrying on a dialogue. This is the time when they are likely to be deeply immersed in their internal process and learning from their memories. Therapeutic and initiatory sessions might also have a period of time during which the client is overwhelmed and does not want to engage in dialogue, but the period might be shorter and less intense.

DA: Do they talk with you very much before and after this peak time?

SE: There is a time early in the addiction-interruption session when they are really into processing through verbal dialogue with me and clarifying their intent. But then there is a point at which we have gotten all we are going to get by talking, and then they really need a period of two or three hours to float up into the experience on their own. After two or three hours there is a time when they want to talk about what they have experienced.

DA: Are therapeutic ibogaine sessions helpful for people who have done a lot of previous psychological work on themselves?

SE: That's the thing. I've done a lot of therapy work on myself. I think for people who have done a lot of work on themselves, an ibogaine session is a powerful tool.

Even though a person might never have taken this drug before, they would immediately know what to do with it if they have done a lot of previous work on themselves.

DA: How many ibogaine sessions have you had personally?

SE: Three. And they were all very different. The first session was five mg/kg; the second, six-and-one-half-, and the third was eleven. When I did the five mg/kg, I wanted to work on understanding the patterns of my relationships.

On one level, I can look at all of my relationships as failures. Obviously, I also recognize that I have grown a lot, so they were all useful, but it was as though they all fit a certain pattern. My

intent in my first session had more than one component. First, I wanted to see if I could connect with any kind of memory of being with my birth mother, because I was adopted. I also wanted to see whether ibogaine could take me back to any kind of past-life experience. There wasn't anything in particular I wanted to know about past lives; it was just a curiosity.

DA: What happened in your first session?

SE: The way I approached my intent in the session was to gather pictures from my childhood, and I pored through them before the session. And so I had these pictures near me as I felt the effects of the drug come on. I started looking at them, and the emotion in those pictures started popping out at me, not necessarily of myself but of the people in the pictures - my father, my mother, and my adopted father and mother. Who they were, and their emotions, just sort of started popping out of the pictures at me. That began the process: At first working on my father, I began to see how he was and how I reacted to him.

What I was focusing on is that he was very well armored. I remembered being a little girl and trying to "get to him," but I couldn't get through, I couldn't reach this person, and I would try harder and harder. Then I saw the current relationship I was in and how I couldn't get to him either. And it just went boom, boom, boom, boom, all the way back to my father. The back and forth thing started. That kept happening over and over, and I would get different angles of what that was all about. But something here was not complete.

Then I went back even further. I didn't realize it at the time but this was the start of a shift into phase two. I went back to being with my adopted mother as an infant while she was holding me. My head was bobbing, and my nose was banging into her neck - I could feel it physically. I can still feel it - it is such an interesting sensation. Then I smelled her, and it didn't feel right. I can still remember that reaction. It was part of the bobbing, I had no control over my neck.

. . but I didn't want to be near her ... I was trying to get away because it didn't smell right. But I didn't know how to hold my head up! That's where I realized I retreated into myself. So here I am focusing on all these people in relationships, trying to get through to them, but they can't get through to me either. And I saw myself picking people who can't come out of themselves because I can't come out of myself. I don't know how to do that any better than they do. For me, this was the beginning of owning my own process rather than projecting it onto others.

DA: As I listen to the intonation in your voice right now, you sound like you are describing a breakthrough experience in terms of owning your own process.

SE: Oh, yeah . . . very much so. I never knew that before. Never knew that. I had had years and years of therapy, but I had never gotten to that piece. And I found myself witnessing that I had never bonded to that mother. And for the first time, I really experienced that lack of bonding, and why it never occurred: She didn't smell right, and there was no connection.

DA: Where did you go from there? This story is getting more and more interesting.

SE: I found myself asking the question: "Can I remember my birth mother?" And soon I was back in this other experience in which I was totally merged into another being. I could kind of feel my distinction, and yet not feel my distinction. I could kind of feel where I was this small infant, but I was part of this vast amount of soft skin, also. And I could feel the warmth and the

smell, and everything was me! It was me . . . it was right . . . it was me. It was bigger than me, but it was me.

And I could feel this woman's tenderness. And there were points where I could feel tears . . . hitting my body. I could feel her sadness . . . and it was my sadness. It was a sadness I have felt throughout my life. And then I would go from that to my adopted mother, and the bobbing, and back and forth between the feeling of discomfort with her and the feeling of being me with my natural mother. After a while of going back and forth between the two feelings, I felt "Okay, I think I've got it now! I've got it. I see now how this all got started."

DA: Wow. Many of us involved in primal therapy could really relate to those experiences you had. Is there more that you could share?

SE: Then there was the experience of being taken away and being alone. It wasn't particularly painful, but it was very alone. That was my deeper understanding of what it is that I do. When things don't feel right, I just get alone. And I take care of myself. There was nobody to take care of me, so I learned how to take care of myself, how to be okay, and be alone. And so, throughout my life, I would have to get alone to become okay. I would be with people and lose myself, and then have to go be alone in order to kind of "gather myself again."

So there was more of an understanding of how this happens for me. I would go from feeling good with someone, and then being taken away into this kind of abandoned, empty place. Finally, when that seemed pretty much done, I was curious about the past-life stuff. When I asked that question, I was taken back to some very primitive stuff with some relief sculptures on the wall . . . maybe Mayan. I found myself walking into some dark, enclosed, wet, dank kind of enclosure. There were these relief sculptures on the walls, and I could feel the wetness and coldness of the walls. I don't know where it was. After I went into that, I didn't really like it very much. So I had had my flavor of past life, or whatever; and I decided I didn't want to do this anymore, and came back. And that's all that I got.

DA: How long did this take?

SE: All of what I described took several hours, perhaps five or six hours.

DA: Were you able to communicate during your experience?

SE: During this first session, I was able to communicate the whole time, but sometimes very slowly. Five mg/kg was not enough to overwhelm my system and push me over into speechlessness. However, there were times when I was very internal, did not want to communicate. There were times when I would choose to ignore questions from my sitters. But occasionally, they would hit upon something that seemed relevant to my internal process, and I would go with their suggestions.

DA: What happened after the five or six hours you described?

SE: Afterwards I didn't sleep all that night, and I continued to process for hours and hours and hours.

DA: Did you continue to process the issue concerning your natural and adopted mothers after

you got some sleep the next night?

SE: Yes, I worked on it for six months in weekly psychotherapy sessions. I knew that there was too much there for me to just chew on by myself I had not been in therapy immediately preceding, but the ibogaine session gave me the incentive to get back into therapy for several months. I had a lot of work to do, because I was in a marriage at the time that felt like the adopted-mother syndrome.

Two months after the ibogaine session, I separated from my husband. It was a gradual process, but it was definitely precipitated by the ibogaine session. If a person has relationship problems, and they are not ready to deal with the problems, a therapeutic session with ibogaine might not be such a good idea.

DA: How long was it between your first and second ibogaine sessions?

SE: The second one was more than a year later. The first one was around March of 1993 - and the second one was in the spring of 1994, slightly more than a year later; and the third, in December of 1994. It was perhaps a month or two before the second session when I realized that one of my old monsters was not gone. I had thought it was gone, but the way I realized it was not gone was that I went to visit my adopted mother and came home hating myself So I realized that that was still happening, maybe a whole lot less than it used to, but there was still some level of self-hatred in me.

When I decided to do the second ibogaine session and work on this issue, I began to see how subtle the under cloth of my life was. If I had not focused on it, I would not have recognized it. I saw it only because I was determined to process the stuff through. Another motivation to do a second session was that I wanted to reconnect with my spiritual connections that I had when I was younger. Those were my two intents.

DA: Did you fulfill both intents?

SE: I probably spent the entire time processing the self-hatred, and I hardly even touched the spiritual side of things during that session. Maybe just a little bit, as I will explain later. I had a friend of mine, who is a psychologist, help me with my process during this session. After my first session, I had realized the therapeutic potential of ibogaine, and I wanted someone with me who really knew what they were doing. My friend knew everything about me that she needed to know about my childhood to prod and poke.

DA: How did you start the session?

SE: I began with describing the kinds of things that would come up that would cause me to hate myself, and what the feeling was, and my related behaviors. So I began with current stuff, and I went back in time. What came up was not a new memory, but somehow I saw aspects of it I had never seen before, and I made connections I had never made before. The memories that came up were of my adopted mother following me around the house and saying negative things to me, like, "You are a quitter. You'll never do anything right." And, "I can tell, because look at the kind of friends you have - losers. Right? Don't you?"

I would answer with something like "Yeah, yeah, sure." And she would say, "Say 'yes mother

dear" when you respond to me." And I would repeat her words, but I could never get the right tone. You know, it had to be real. But I could never get it quite right. And there would be this whole yelling thing where she would be telling me I am rude, and so on. And I would start screaming. Not screaming words, but just screaming at the top of my lungs, in terror. And she would say "Yes, I always knew you were crazy . . . you are insane, and you need help." And I would go to my room and hate myself because I had betrayed myself.

I promised myself when I was alone in my room that when she would do that, I would stay totally cool, like my father wanted me to be. I wouldn't lose it, because if I would lose it, then I would be proving to myself that I was really crazy.

In my session, I went through this over and over and over again - the rage I felt towards her, the rage I felt from her, scenes where my father was present and not protecting me, not doing anything about it. And then coming to the present to see how similar kinds of situations would make me hate myself again because it would bring up the potential of the rage, even if I didn't respond with anger. As it kept going back and forth like that in my session, that's when I started to see my relationship with my mother from a new angle.

She was huge, and I was this small being. Immediately when I saw this small, little being, I realized that this was not a horrible creature she was yelling at. I could see the sweet innocence in this little girl. And finally, my mother shriveled up into an angry little entity that I pitied. I really felt sorry for this poor creature that was yelling at a little girl.

And then she lost all of her power. This had never happened before in my memories of this incident. I was seeing it in a new and different way. Earlier I had mentioned the under cloth of my life. It's interesting that we seem to use certain words for good reasons. During my session there was a time when I was just lying there. And it was during the silent part of my session-and there was a silent period for me at the higher six-and-one-half mg/kg dosage level when I didn't want to talk at all - and I felt this webbing that was covering my entire body, like a spider web, but tightly woven. And it stretched all the way to where my mother was in Miami several hundred miles away.

It stretched all the way to Miami. And I could feel it covering me, and I physically started ripping it off my body. And I actually used my hands during the session to peel this stuff off my body and get rid of it. That was the essence of my session.

DA: Did you ever fulfill your spiritual intention during the session?

SE: I discovered later that it was the self-hatred that had broken my spiritual connection.

DA: Are you saying that you never dealt directly with your spiritual issues during your session, but that in resolving your issue concerning self-hatred, you indirectly resolved your spiritual issue as well?

SE: I had stopped practicing regular meditation a considerable time before my session. I was still doing other forms of meditation - moving meditation, like Tai Chi. About a month after my second ibogaine session, I realized as I was lying in bed that I was feeling energy just taking over my body, and this was beginning to happen regularly. I couldn't sleep. So I started sitting up and meditating . . . and feeling this energy just kind of taking over my body.

Probably after two or three months of this I realized that my spiritual connection had been part of my intent during the ibogaine session. But I didn't make the spiritual connection during my session. Instead it happened in the weeks following my session . . . that's how I got reconnected.

DA: Are you suggesting that there are also things that can be processed unconsciously during the ibogaine session if they are a part of one's intention, even if they are not worked on consciously?

SE: It seems like that's what happened to me.

DA: Did you have times during any of your three sessions in which you were deeply into feelings-crying, anger, and so on?

SE: In my second session while I was going through what I call "the rages," yes. I became very emotional . . . crying, shaking . . . but quietly so.

DA: What do you mean "quietly"?

SE: My body was so zapped that even though I was going through rages I couldn't express the rage in a way that would be visible to an outside observer. My therapist friend had never done an ibogaine session herself, so she was telling me, "Yell at her, scream at her, get it out!" But I couldn't do it; I was not capable of that kind of outward expression.

DA: What were you feeling'?

SE: I felt as if I were yelling and screaming and getting it out. but I couldn't make my body go into a rage.

DA: Are you saying that you didn't have the physical energy to do it because of the physiological effects of the ibogaine?

SE: Yes, exactly.

DA: This is an important issue for primal process. Most primalers believe that the Pain must be fully reexperienced. I'm wondering if there is something about the quality of an ibogaine experience that makes the feelings appear subdued from an outside point of view. But are they really subdued?

SE: They are not subdued, in fact.

DA: Do you mean a person can have powerful emotional discharge without having to put the physical energy into it? Is the process occurring internally without the external signs?

SE: Well, the energy is getting into it. I could feel my whole body releasing it. It's just that I couldn't get up and yell and scream and pound my fists. But I could feel it coming out of my body.

Although we won't have time today to discuss it, there was a time during my third session in which I said to my sitter, "Is my arm shaking?" And I could feel him going through the layers of

energy radiating from my body, while his hand was actually a foot above my arm! I remember that it felt like, "He must be touching my arm now, he must be touching my arm now. Oh, now, finally, he is really touching it." When he finally did touch it he said, "No, your arm is perfectly calm." My energy was discharging way up into my aura, and I could feel my arm shaking and trembling, yet it was not really shaking and trembling. It just seemed that way to me because I was releasing so much energy.

DA: What happened for you in terms of release of feelings in the therapy sessions you had in the months following the ibogaine sessions? In those sessions, did you release feelings in a more conventional manner? Or was it a more cognitive type of integration and processing at that point?

SE: The followup sessions were different after my first and second ibogaine sessions. After my first ibogaine session, my therapy sessions during the next few months had a lot of cathartic emotional expression. But after my second ibogaine session, I no longer had to process the rage I had worked on in that session; it was gone. It had dissolved.

DA: Did you have followup therapy after your second session, but for a different purpose?

SE: Yes, it was more integrative in nature, and more a matter of understanding what was going on with me spiritually. The energy that was going through my body at the time was baffling to me.

DA: Thank you. This has all been most interesting to me.²

Notes

1. Sarah Emamon is not the actual name of the interviewee. For personal reasons, she chose not to have her identity disclosed. The interested researcher should contact Eric Taub for further information related to the contents of this interview. He has graciously allowed us to print his mailing address (see note below), so that he can act as a resource for information regarding ibogaine, outside of what is available in print.

2. The above interview with Sarah Emanon was conducted in March of 1995. As this article goes to press in April of 1996, Eric Taub continues to look for a permanent site for an ibogaine clinic outside the United States. He has offered to provide information regarding the status of the prospective clinic and information concerning the latest developments concerning ibogaine for those who contact him at the following address: Eric Taub; 116 NW 13th Street, #152, Gainesville, Florida 32601.

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The author writes: I will share with you my mixed personal feelings about this article. In retrospect, I wish that I had written the article with a stronger recommendation against the use of ibogaine in psychotherapy.

People like reading about the very successful use of ibogaine in the session I describe in the article, but frankly I believe the article misrepresents the therapeutic potential of ibogaine. I think most people simply ignore my recommendation against ibogaine for therapy, and focus on the glamorous aspects described by the person I interviewed.

Most of the people interested in ibogaine are enamored with drug experience, and ibogaine represents an alluring, rare and exotic new drug they want to try. It might meet their expectations for spiritual consciousness expansion, but for real psychotherapy, I doubt it will ever work very well.

I believe psychedelics are of considerable benefit for *some* people in psychotherapy, but ibogaine would be pretty far down the list, certainly after LSD, psilocybin, MDMA. Even alcohol has some potential benefit for sessions for some clients if used judiciously.-- **Donald J. Allan**

Don Allan, M.A. is a writer and educator who lives with his wife in St. Paul, MN. He is writing a book about the influence of primal therapy on his existential view of meaning in life.

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